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### **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	Sun City Rest	An GRELLO LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	SusAi	Name of Person			
		Firm/Company			
	10040 Sw	80 TERRACE Address		٠ ۽	
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	TSIAMI,	H 33173		POT 1	
	SUSYYCA) E-mili address: (	City/State and Zip Code  HOR JULI S GINCII   to be used for future annual report notifi	LEM cation)	:: > 2	ゴ
For further information c	oncerning this matter, please ca			: <del>-</del> :9	
Susan Rodi	-10102	at ( <u>305</u> ) <u>807.</u> Area Code Daytime	54057.	33	
Name o	f Person	Area Code Daytime	Telephone Number	_	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		O i			
Sun (			Group		
(Name of t	he Limited L	iability Company as	s it now appears on ou	ır records.)	
·	(A F	lorida Limited Liabil	ity Company) /		

(Nome of the Limited Lieblike Comme	9 -11000	n our records	
(Name of the Limited Liability Compa (A Florida Limited )	Liability Company) /	n our recorus.)	
	were filed on	<i>3/10/15</i> . ar	nd assigned
The Articles of Organization for this Limited Liability Company were filed on S/10/15. and assigned Florida document number Libouon 30 4 87.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	Suite 4 Whami		3
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		ur records, enter the n	ame of the n
Name of New Registered Agent:		<del></del>	 <del></del>
New Registered Office Address:	F El I		
	Enter rioriaa	street address	
		, Florida Zip	
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>		
I haveby account the appointment as registered agent and our	eas to act in this car	nacity I further agree to	comply with:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Daniel Redrigue 2)	10030 SW 80 TERRACE	Add
	<i>'                                    </i>	10030 SW 80 TERRICE MIAMI, F1 33173	□ Remove
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fective date	e, if other than the dat	te of filing:		(op	tional)
π effective da	te is listed, the date must be	specific and cannot be	prior to date of filing or oplicable statutory fili	more than 90 days afting requirements, the	er filing.) Pursuant to 605.02 his date will not be listed
	fective date on the Depar				
			t act as offertive	time at 13,01	a more the earlier
	day after the record		t not an effective	time, at 12.01	a.m. on the earlier
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Filing Fee: \$25.00